

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-039711

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 205

STATE FILE NUMBER

FILED OCT 29 1962

## 1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Rolla

Length of stay in 1b

4 months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

McFarland Nursing Home

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Dent

c. CITY OR TOWN Salem

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
Missouri HotelReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

HOMER

Middle

J.

Last

CUNNINGHAM

## 4. DATE OF DEATH

Month

Day

Year

October 23 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

7/25/91

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Streetcar Operator

## 10b. KIND OF BUSINESS OR INDUSTRY

Public Transp.

## 11. BIRTHPLACE (City and state or country)

Howes Mill, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John C. Cunningham

## 13b. MOTHER'S MAIDEN NAME

Martha Harris

## 14. NAME OF HUSBAND OR WIFE

Eudora Blevins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

3

## 17. INFORMANT

Address

Eudora Blevins Salem, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

1 week

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Carcinoma of esophagus

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1962 to Oct 23, 1962 last saw him alive on Oct 22, 1962  
Death occurred at 1:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Rolla Mo

## 22c. DATE SIGNED

10/24/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

10/25/62

## 23c. NAME OF CEMETERY OR CREMATORY

Boss Cemetery

## 23d. LOCATION (City, town, or county)

Dent County

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Max L. Waugh Salem, Mo.

## 25. DATE RECD. BY LOCAL REG.

Oct. 24, 1962

## 26. REGISTRAR'S SIGNATURE

Madame L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FEB 18 1963  
OCT 23 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.